

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155620		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2011	
NAME OF PROVIDER OR SUPPLIER ZIONSVILLE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 675 S FORD RD ZIONSVILLE, IN46077			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/18/11</p> <p>Facility Number: 000538 Provider Number: 155620 AIM Number: 100267290</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Zionsville Meadows was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and all resident sleeping room. The facility has a capacity of 185 and had a census of</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0046 SS=E	<p>171 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/27/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 17 exits were provided with emergency powered lighting to the public way. LSC 7.9.1 says the exit discharge shall include walkways leading to a public way. This deficient practice could affect 42 residents on Moving Forward as well as visitors and staff if occupants were required to evacuate in an emergency on the west side of the facility.</p> <p>Findings include:</p> <p>Based on observations on 07/18/11 between 2:45 p.m. to 3:15 p.m. with the Maintenance Supervisor, emergency lighting was not provided for the two exit discharges from Moving Forward hall for the entire walkway on the west side of the building. Based on interview on 07/18/11</p>			K0046	<p>K 046 Emergency Lighting This provider ensures that the facility has emergency lighting of at least 1 ½ hour duration is provided in accordance with 7.9.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No residents were affected by the alleged deficient practice.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Residents residing in the facility have the potential to be affected by the alleged deficient practice.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient</p>		08/05/2011

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	at 3:47 p.m., it was acknowledged by the Maintenance Supervisor the aforementioned exits were not provided with lighting on the west side of the building. 3.1-19(b)				practice does not recur? On July 20, 2011, the single light fixtures were replaced with double light fixtures to the two exit discharges at the west end of the building to provide sufficient lighting to the walkways leading to a public walkway. Maintenance employees were inserviced by the maintenance supervisor on monitoring of exterior lighting by August 8, 2011. The maintenance supervisor is responsible for exterior lighting. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? A CQI tool will be utilized weekly x 4, monthly x 2 and quarterly thereafter, to monitor compliance with exterior lighting. Noncompliance will be corrected. Completion Date: 8/5/11		

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K0143 SS=E	<p>Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage rooms had a sign posted indicating oxygen transferring was occurring in the oxygen storage room. This deficient practice could affect 42 residents on B-wing as well as visitors and staff near the oxygen storage room.</p> <p>Findings include:</p> <p>Based on observation on 07/18/11 at 1:45 p.m. with the Maintenance Supervisor, the oxygen transfer room on B-wing where liquid oxygen containers were stored and used to transfill oxygen, lacked a sign posted on the oxygen storage room door indicating the transfer of oxygen was being conducted at this site. Based on interview on 07/18/11 at 1:47 p.m. with the Maintenance Supervisor present, it</p>			K0143	<p>K 143 TRANSFER OF OXYGEN.</p> <p>It is the practice of this provider to ensure that the area where oxygen transfers occur is posted with a sign indicating that transferring is occurring and that smoking in the immediate area is not permitted in accordance with NFPA99 and the Compressed Gas Association.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? A temporary transfer sign was posted on the oxygen storage room, on July 20, 2011, stating that oxygen transferring takes place.</p> <p>How will you identify other</p>		08/05/2011

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	<p>was acknowledged by the charge nurse oxygen transfers takes place in the oxygen storage room but a sign to indicate such conduct was not available anywhere in the facility.</p> <p>3.1-19(b)</p>				<p>residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Only residents residing on the hallway where the liquid oxygen is stored and transferred are affected.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Staff were re-educated by August 5, 2008, by the maintenance supervisor, or designee, on the transferring of oxygen and the need to have signage posted</p> <p>Permanent signage has been ordered to place on the door where oxygen is stored and transferring occurs. Temporary signage will be used until the permanent signage is placed.</p> <p>The maintenance supervisor is responsible for maintaining the Oxygen Transfer signage.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>A CQI tool will be utilized weekly x</p>		

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					4, monthly x 2 and quarterly thereafter, to monitor compliance with the signage on the doorway to the oxygen room. Noncompliance will be corrected. Completion Date: 8/5/11		